AMENDMENT OF SOLICI	TATION/MODII	FICATION OF CONTRACT	1. CONTRACT	ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICI			J		1 6
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT	Γ NO.(If applicable)
0001	31-Jul-2003	W58XUW-3133-5960			
6. ISSUED BY CODE	W58XUW	7. ADMINISTERED BY (If other than item 6)	CO	DE	
USAED, KANSAS CITY 760 FEDERAL BUILDING 601 E 12TH STREET KANSAS CITY MO 64106-2896		See Item 6			
8. NAME AND ADDRESS OF CONTRACTOR	(No Street County St	ate and Zin Code)	. Iga amendmi	ENT OF SO	OLICITATION NO
6. NAME AND ADDRESS OF CONTRACTOR	(No., Street, County, St	ate and Zip Code)	DACA41-03-R	-0011	LICITATION NO.
			9B. DATED (SI 21-Jul-2003	EE ITEM 11	1)
			10A. MOD. OF	CONTRAC	CT/ORDER NO.
			10B. DATED (SEE ITEM	13)
CODE	FACILITY COI	•			
		APPLIES TO AMENDMENTS OF SOLICI		_	
The above numbered solicitation is amended as set forth		te specified for receipt of Offer ed in the solicitation or as amended by one of the follow		X is not exte	ended.
REJECTION OF YOUR OFFER. If by virtue of this a	eference to the solicitation and HE RECEIPT OF OFFERS PR mendment you desire to chang solicitation and this amendme	RIOR TO THE HOUR AND DATE SPECIFIED MAY	WLEDGMENT TO BE RESULT IN by telegram or letter,	ubmitted;	
13. THIS	ITEM APPLIES ONLY	TO MODIFICATIONS OF CONTRACTS/O	RDERS.		
A. THIS CHANGE ORDER IS ISSUED PUR CONTRACT ORDER NO. IN ITEM 10A.		ACT/ORDER NO. AS DESCRIBED IN ITEM uthority) THE CHANGES SET FORTH IN I		E IN THE	
B. THE ABOVE NUMBERED CONTRACT/ office, appropriation date, etc.) SET FORT		TO REFLECT THE ADMINISTRATIVE CHANT TO THE AUTHORITY OF FAR 43.103		hanges in pa	aying
C. THIS SUPPLEMENTAL AGREEMENT IS	S ENTERED INTO PUR	SUANT TO AUTHORITY OF:			
D. OTHER (Specify type of modification and	authority)				
E. IMPORTANT: Contractor is not,	is required to sig	gn this document and return	copies to the issuing	g office.	
14. DESCRIPTION OF AMENDMENT/MODIF where feasible.) Multiple Award Task Order Contract for Cor			/contract subject ma	atter	
The purpose of this amendment is to delete in Section 110, and add the sample transm			DE, define Factor	2 b. subfac	ctor 2.b.
This solicitation is Full and Open.					
Proposals are due 19 August 2003 by 2:00	pm.				
Except as provided herein, all terms and conditions of the do 15A. NAME AND TITLE OF SIGNER (Type or				ED (Type co	print)
13A. NAME AND TITLE OF SIGNER (Type of	print)	16A. NAME AND TITLE OF CONT	KACI ING UFFICE	Ex (1 ype or	print)
		TEL:	EMAIL:		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE		CA	10	6C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Office) m)		31-Jul-2003

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION 00700 - CONTRACT CLAUSES

The following have been deleted:

52.219-3 Notice of Total HUBZone Set-Aide

JAN 1999

Section 110

FACTOR 2 b. Subfactor 2.b. is changed as follows:

b. Subfactor 2.b, Civil Works Project Experience. A project of similar type, size and complexity is considered to be a construction contract for a Civil Works project for the US Army Corps of Engineers, other government agency or using Corps of Engineers or state criteria, in the approximate range of \$50,000 to \$3,000,000. Civil Works normally covers water control construction and minor building construction at lake projects.

(End of Summary of Changes)

The following items are applicable to this modification:

SAMPLE TRANSMITTAL LETTER AND PAST PERFORMANCE EVALUATION QUESTIONNAIRE

Date: _	 			
To:		 	 	

We have listed your firm as a reference for work we have performed for you as listed below. Our firm will be submitting a proposal under a project advertised by the U.S. Army Corps of Engineers, Kansas City District. In accordance with Federal Acquisition Regulations (FAR), an evaluation of our firm's past performance will be completed by the Corps of Engineers. Your candid response to the attached questionnaire will assist the evaluation team in this process.

We understand that you have a busy schedule and your participation in this evaluation is greatly appreciated. Please complete the enclosed questionnaire as thoroughly as possible. Space is provided for comments. Understand that while the responses to this questionnaire may be released to the offeror, FAR 15.306 (e)(4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained. Furthermore, a questionnaire has also been sent to ________ of your organization. Only one response from each office is required. If at all possible, we suggest that you individually answer this questionnaire and then coordinate your responses with that of _______, to forge a consensus on one overall response from your organization.

Please send your completed questionnaire to the following address:

U.S. Army Engineer District, Kansas City ATTN: CENWK-CT-C/Alice Jeffres 757 Federal Building 601 East 12th Street Kansas City, Missouri 64016-2896

The questionnaires can also be faxed to 816-426-5169 or e-mailed to Alice.M.Jeffres@usace.army.mil.

If you have questions regarding the attached questionnaire, or require assistance, please contact Ms. Jeffres at (816) 983-3831. Thank you for your assistance.

PAST PERFORMANCE EVALUATION QUESTIONNAIRE

Upon completion of this form, please send directly to the U.S. Army Corps of Engineers in the enclosed addressed envelope, fax to 816-426-5169, ATTN: Alice Jeffres, or e-mail to Alice.M.Jeffres@usace.army.mil. Do not return this form to the contractor's offices. Thank you.

1. Contractor/Nan	ne & Address (City and Stat	te):		
2. Type of Contrac	ctor: Construction	Design	_ Design Build	
3. Type of Contrac	ct: Fixed Price		sement	
4. Title of Project	/Contract Number:			
5. Description of V	Work: (Attach additional pa	iges as necessary)		
	Work: High			
8. Date of Award:				
9. Status:	Active _ Complete _		ide percent complete) ide completion date)	
10. Name, address	s and telephone number of C	Contracting Officer's T	Cechnical Representative:	
11. Name, Title, A	Address and Telephone Nun	nber of Individual com	pleting survey:	
12. Date Question	naire Completed:			

Please note: Adverse remarks will be provided to contractors in the competitive range for award for response in accordance with Federal Acquisition Regulation requirements. The contracting office will not however, provide your name or copies of this questionnaire to the contractor or any other party not directly involved in the evaluation of the contractor's proposal. Your response to this questionnaire must be received in the contracting office no later than the closing date of the RFP. Questionnaires received after this date will be discarded and will not be evaluated. The evaluation team, if they so choose, may call you for clarification or additional information.

Please answer each of the following questions. <u>If the rating is other than average or satisfactory please provide additional information in the remarks section.</u>

QUALITY OF PRODUCT/SERVICE:

13. Evaluate the contractor's performance in complying with contract requirements, quality achieved and overall technical expertise demonstrated.

Excellent Quality	Above Average Quality	Average Quality	Below Average Quality	Unsuccessful or Experienced Significant
				Quality Problems

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14. To what extent was the contractor able to solve contract performance problems without extensive guidance from government/owner counterparts?

Excellent	Above Average	Average	Below Average	Unsuccessful

Remarks:

15. How well did the contractor manage and coordinate subcontractors, suppliers, and the labor force?

Excellent	Above Average	Average	Below Average	Unsuccessful

Remarks:

16. If the evaluated contract was a design assist project, i.e., the construction contractor assisting in the design phase of the contract, rate the contractor's contrubution to the design process:

Excellent	Above Average	Average	Below Average	Unsuccessful	Not Applicable

Remarks:

Schedule?

CUSTOMER SATISFACTION:

Exceptionally satisfied

17. To what extent were the end users satisfied with:

Highly satisfied			
Satisfied			
Somewhat Dissatisfied			
Highly dissatisfied			
Remarks:			
18. If given the opportunity, would you wo	ork with this contractor aga	ain?	
Yes	No	Not S	Sure
Remarks:			
TIMELINESS OF PERFORMANCE: 19. To what extent did the contractor meet	the contract schedule?		
Completed substantially ahead of schedule			
Completed work on schedule with no time			
Completed work on schedule, with minor of	lelays under extenuating		
circumstances			
Experienced significant delays without just	ification		
Remarks:			
20. If work was not completed on schedule	, were Liquidated Damage	es, or other similar	penalties assessed?
Yes No			
Remarks:			

Quality?

Cost?

OTHER REMARKS:

Use the space below to provide other information related to the contractor's performance. This may include the contractor's selection and management of subcontractors, effectiveness of their small/small disadvantaged business subcontracting plan, flexibility in dealing with contract challenges, their overall concern for the Government's interest (if applicable), project awards received, etc.